



Establishment Name Change and/or Duplicate License Request \$10.00

SECTION A: ESTABLISHMENT INFORMATION

This form is to be used by licensed establishments only.

License Number

A

Establishment Name

New Establishment Name (if applicable)

Address

City

State

Zip Code

Phone Number
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Email Address (not required)

SECTION B: ESTABLISHMENT CERTIFICATION

Certification must be signed by the owner, if a sole proprietorship; a partner, if a partnership; or a corporate officer, if a corporation.

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant

Date

Print Name